



Guardian ad Litem and CASA
450 S. State Street, P.O. Box 140241
Salt Lake City, UT 84114-0241
Fax (801) 578-3843

Application for Volunteer CASA Program

Please Print or Type

Name			Date of Birth	
Alias or Preferred Name			Ethnicity / Race	
Mailing Address		City	State	Zip
Street Address (If different from Mailing Address)		City	State	Zip
Home Phone		Cell Phone		
Social Security Number		E-mail address (please print)		
Emergency Contact person		Relation	Phone	

Employment Information

Employment status

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full time	Part time	Retired	Student	Not employed

Name of Employer (if applicable)

Job Title

Can you be called at work?

Yes

No

Work Phone

Extension

Employer's Street Address

City

State

Zip

Education Information

Highest year of school completed

Degree (if applicable)

Languages you speak fluently

Driver Information

Driver License Number

State Issued

Auto Insurance Provider

Policy Number



Guardian ad Litem and CASA
450 S. State Street, P.O. Box 140241
Salt Lake City, UT 84114-0241
Fax (801) 578-3843

List current and previous volunteer or Community activities:

Name of agency or activity	Brief description of duties and activities	Dates of service

Do you have any training or experience in any of the following areas?

- | | | |
|----------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Advertising or Public Relations | <input type="checkbox"/> Drug or Alcohol Abuse Programs | <input type="checkbox"/> News Media |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Education | <input type="checkbox"/> Other Agency experience |
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Court System | <input type="checkbox"/> Medicine | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Criminology | <input type="checkbox"/> Mental Health | |

Please Describe

As a CASA volunteer you will be asked to attend court hearings for the children you represent. Are you able to arrange your schedule to attend these hearings?

Yes ☐ No ☐

Are you willing to commit to **one year** of volunteer services?

Yes ☐ No ☐

How did you learn of the CASA program?



Guardian ad Litem and CASA
450 S. State Street, P.O. Box 140241
Salt Lake City, UT 84114-0241
Fax (801) 578-3843

Personal History

Have you ever been a victim of abuse? Yes ____ No ____
 If yes, please describe what steps you have taken to deal with the abuse issue(s):

Have you ever been convicted of a crime? (Exclude minor traffic violations.) Yes ____ No ____

Charge	Date or disposition	Place incident took place
--------	---------------------	---------------------------

Charge	Date or disposition	Place incident took place
--------	---------------------	---------------------------

Do you consent to a routine review of your criminal records? Yes ____ No ____

Do you consent to a review by the Department of Family Service? Yes ____ No ____

Please state why you want to work with the CASA / Guardian ad Litem program.



Guardian ad Litem and CASA
450 S. State Street, P.O. Box 140241
Salt Lake City, UT 84114-0241
Fax (801) 578-3843

PERSONAL REFERENCES

CASA will mail forms and letters to your references

Name	Relation	phone	
Address	City	State	ZIP code
Name	Relation	phone	
Address	City	State	ZIP code
Name	Relation	phone	
Address	City	State	ZIP code

AFFIRMATION AND RELEASE

I, the undersigned, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the CASA/GAL, program to investigate my background to determine my fitness as a potential volunteer.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA/GAL volunteer. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the CASA coordinator with as much advance notice as possible.

I am aware of the sensitive and confidential nature of the official documents, reports and other material I will examine in my capacity as a Court Appointed Special Advocate. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise. **I understand any breach of confidentiality could result in my dismissal as a CASA.**

Name (please Print)

Date

Signature

Please return this completed application to the address listed above
ATTN: Olivia Phelps, CASA Director or email to: oliviap@email.utcourts.gov